

SECURE REMOTE ACCESS (SRA)

ROANOKE COUNTY CIRCUIT COURT

305 EAST MAIN ST, SALEM, VA 24153

The approval of this application is at the discretion of the Clerk of the Circuit Court. By signing this application the subscriber acknowledges and accepts the terms and conditions of the Subscriber Agreement for Internet Access to Circuit Court documents as incorporated by reference herein.

Subscriber:

Last Name: _____

First Name: _____

Business Name (if applicable): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ **Email Address** _____

United States Citizen: YES or NO (please circle one)

Signature: _____

I certify that the information above is true and correct.

I, _____ a Notary Public, do hereby certify that on this _____ day of _____, 20____, _____ personally appeared before me and swore and acknowledged to me that the statements contained therein are true and correct.

Notary Public, City/ County of _____

Name: Typed or Printed _____

Signature: _____

My commission Expires _____ Notary Number _____

Notary Phone Number _____

For Circuit Court Clerk's Office Use Only:

Subscriber ID _____ **Password** _____

Expiration Date _____ **Account Number** _____

Amount Paid _____